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BLOFIELD & FLEGG  
RURAL DISTRICT COUNCIL



ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
including the report of the Senior Public Health Inspector  
for the  
YEAR 1962



# MEMBERS OF THE PUBLIC HEALTH COMMITTEE

## 1962

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*Vice-Chairman* - Councillor J. de CARLE SMITH, M.B.E., J.P.

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## PUBLIC HEALTH DEPARTMENT, 1962

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### *Medical Officer of Health :*

DR. G. R. HOLTBY, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

### *Senior Public Health Inspector :*

A. G. LAKE, F.A.P.H.I., A.R.S.H.

### *Deputy Senior Public Health Inspector :*

H. R. C. STRANGE, M.A.P.H.I.

### *Additional Inspectors :*

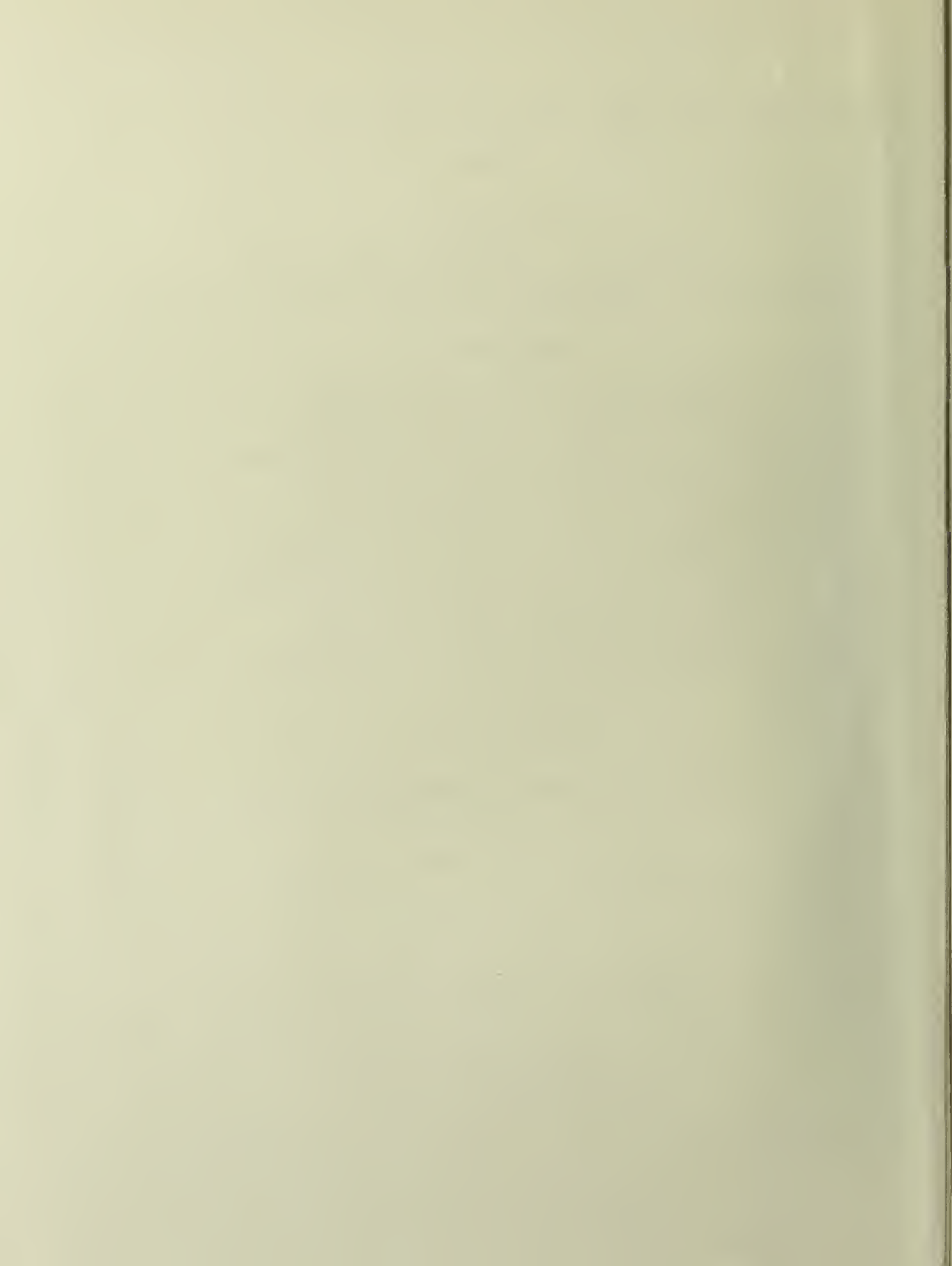
G. H. ALLISON, A.R.S.H., M.A.P.H.I.  
R. M. FLETCHER, M.R.S.H., M.A.P.H.I.

### *Senior Clerk :*

Mr. B. A. J. MUNRO

### *Junior Clerk :*

Miss M. J. MALLETT



To: The Chairman and Members of the  
Blofield and Flegg Rural District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1962. The Registrar General estimates the mid-year population as 35,430 compared with 34,760 last year. There were 460 live births and 556 deaths, giving a natural decrease of 96. There was therefore a small movement of people into the district.

The speed of scientific advance at the present time is so well known that it is almost commonplace. Medicine shares in its advances to the great benefit of mankind, and while many people feel that preventive medicine does not receive the fair share of the expenditure in money and effort which it deserves, it can show, like curative medicine, many great advances. The protective needle has saved countless lives and prevented a vast amount of suffering and disablement.

These great advances by the medical profession and its helpers have certain disadvantages, one of which is that people tend to adopt a child-like faith which produces a passive dependency and a "don't bother me about it, you do it for me" attitude towards the doctors and scientists.

Recently there have been signs of a swing away from this unquestioning faith and a scepticism has developed which has at times produced an intense irritation among doctors. When this scepticism is about projects such as fluoridation of the water supply, which has received probably more investigation by scientists over the last 20 or 30 years than any other subject, and which they are convinced is valuable, doctors feel a certain righteous indignation, but a thinking attitude by the public about their own health is of very great value, for all the scientific achievements in the world cannot keep a man healthy if he disobeys the rules of healthy living.

It may seem old fashioned to say that the rules of healthy living are those dealing with smoking, eating, drinking and exercise, but they are in fact by reason of recent research findings completely up to date.

Comparisons of mortality from lung cancer in smokers and non-smokers show that people smoking more than 40 cigarettes a day have a mortality 70 times as high as that in non-smokers. Mortality in non-smokers is very low indeed. The mortality ratio from coronary artery disease is less marked. There is a clear association with cigarette smoking, but the gradient is less steep than with lung cancer. However, mortality from coronary disease in heavy smokers is more than twice that in non-smokers. If one considers the gradient of mortality from all causes, the ratio is rather more than twice as high for the heavy smoker as for the non-smoker. We sometimes hear it said that as we all have to die, cigarette smoking merely determines that death occurs from certain special causes rather than from others. Actually, smokers between the ages of 50 and 70 have twice the mortality rate of non-smokers.



These figures would have little value other than to convince all adults that they should try to prevent children from starting to smoke, if it had not also been demonstrated that those who have ceased to smoke have thereby lessened their chances of disease. Men aged 50 to 69 who have ceased to smoke have a lung cancer rate of about half the level of those still smoking.

It is also sometimes said that giving up smoking makes people shockingly fat, but this notion has received little support from field study and in any case the dangers of obesity are less than the dangers of smoking.

Nevertheless, there are distinct dangers in being overweight, and here again studies have shown that those who have reduced their weight show an improved mortality rate over those who do not reduce their weight.

The average diet in this country is definitely unbalanced. The proportion of carbo hydrates supplied by sugar and starch, particularly highly refined sugars, is far too high, and harmful to the teeth and general health. The proportion of fat is also higher than it should be, and while protein is the most expensive form of food it is the most health giving. A proper supply of vitamins and minerals is also, of course, essential. Very large meals composed entirely of protein such as lean meat would, of course, lead to obesity and one sometimes sees children who are overweight because there is a family history of overeating, but usually the cause lies in the type of food eaten, and the daily bar of chocolate or packet of sweets or biscuits is something which the school child could well do without.

Alcoholism is probably not the problem which it used to be, and in moderation alcohol serves a very useful purpose as an aid to digestion when this is impaired by mental tension, but excess still remains a danger and there can be no doubt that drinking and driving do not or rather should not mix.

From all the work which has gone into the causes of coronary artery disease, one factor constantly emerges, and that is the preventive value of regular exercise. This exercise, to be really valuable should, as far as possible, involve the whole body, be deliberate and bear a sensible relation to the individual's age and capabilities. Running, walking and swimming cannot be bettered, but the regular, preferably daily practice of these recreations is important. A week-end round of golf is probably insufficient, as is the exercise involved in getting in and out of a car or running up and down stairs during one's ordinary daily activities.

We have discussed the value of the present public interest in health matters. A deeper awareness of the statistics of health and disease could not but be of value. At present the public is not alert, for example to the comparison between road and home accidents (the latter being the more frequent) and to the relation of accidents in the home to illness in terms of incidence and after effects. If they were, they would concern themselves less with respiratory and other ills of childhood (which for the most part are relatively minor and from which recovery is usually quite rapid) and more with preventing falls and burns and poisonings to their youngsters. The fact is that more children die from accidents than the total that succumb to pneumonia, cancer, leukemia, heart disease and birth defects combined.

The public is also generally unaware of the reversibility of a high number of disease processes, even among older persons. Many people do not know for example that:-

1. most stroke patients when treated and managed properly and promptly in hospital or home can walk again and resume their normal activities.
2. that many coronary patients with adequate and consistent care and self-help practices can go back to their usual jobs and
3. that a high percentage of arthritics, with patience and persistence in pursuing a suitable regimen can keep their disease under control.

With the increased awareness of the reversibility of many disease processes, if diagnosed early, should come a demand for "screening" procedures, such as the schemes carried out already in some parts of the country to detect diabetes in people who have as yet no symptoms or any indication that they are sufferers. When disease can be detected at such an early stage as this, prospects of cure or prevention of serious damage are very high.

In previous annual reports, I have commented on the problem of fatal accidents on the water which occur every year. Most of these could have been prevented if the victims had been able to swim or if they had been wearing proper buoyancy at the time. Measures to increase the number of swimmers and to convince people of the necessity of wearing proper buoyancy garments when on the water, are still the most important measures to reduce the number of these tragedies, but of almost equal importance is the teaching of methods of life saving to members of the public. One method of saving life which can be carried out by any individual, is the mouth to mouth or mouth to nose method of artificial respiration, and I would like to see this Area leading in the dissemination of information about this valuable procedure. Many people still have wrong ideas about how the victims of drowning should be treated. The old idea that water must be emptied out of the lungs before anything else can be done is apparently still sometimes held. In fact, it is quite unnecessary to do this as death from drowning is not due to the lungs filling with water. The actual mechanism in drowning is somewhat complicated and it is not necessary to go into it here, but what is important to stress is that speed is essential in getting air into the victim's lungs. The "kiss of life" should be given as soon as the victim has reached shallow water or even while he is being towed to the bank, if this is possible. It is not necessary to look for obstructions in the mouth or throat unless the artificial respiration is evidently not having effect. One cannot give a complete description of this method of saving life without diagrams, but as it is so simple it is perhaps worth mentioning that after the first essential of speed, the next is the position of the victim's head. This is with the chin brought well forward (to prevent the tongue falling back to obstruct the airway) and the forehead well back.



I mentioned at the commencement of this report that doctors were convinced of the value of fluoridation of the water supplies as a very useful means of preventing dental decay. In some parts of the country, for example at Maldon in Essex, fluorides are naturally present to the extent of one to two parts per million in the water, and the teeth of children in these areas are much more resistant to decay than the teeth of those living in areas where there is no fluoride in the water. In four areas in this country fluorides are now being added to the water in order to copy this natural resistance to decay. There are people, who, for some reason, object to this attempt to learn from nature and insist on denying children this advantage. Where more than one and a half parts per million are present in the water some discolouration of the teeth is found, so the content of added fluoride is kept to one part per million, which prevents decay but does not cause discolouration. Education is required to make people aware of the advantages to be gained by this method of protection so that they will demand the same provision for their children as have those who live in more fortunate areas. No one would be happy to have a water supply that was not made safe, if necessary by the addition of chlorine, and the addition of fluorides generally will be a big step forward in the control of a widespread disease. Fluoridation of the water supply does not mean that other measures are unnecessary, but this is one more method, and an important one, in the prevention of dental decay.

In this introductory section of the Annual Report I deal with topics of general interest, while matters of local environmental interest are dealt with in the Report of the Senior Public Health Inspector, but I would like to draw attention to one particular Section of his Report, that is the one in which he deals with the problem of sewerage and the collection and disposal of refuse. With the steadily increasing spread of mains water supplies proper sewerage becomes essential. In last year's Annual Report, I was asked by the Minister of Health to indicate whether the arrangements for sewerage and sewage disposal were reasonably adequate, and that where they were not to state in what areas new schemes for sewage disposal were urgently needed. I reported that sewerage schemes were urgently needed in the coastal parishes and in the more densely populated parishes in the centre, east and south-east of the district. Work on sewerage schemes for Brundall and Blofield commenced in 1962, but we still seem to be some distance from the implementation of schemes for coastal parishes. The need here is becoming desperate, and some indication of the urgency of the problem is given by the following figures:- In 1961, the Senior Public Health Inspector collected and somehow had to dispose of  $6\frac{1}{2}$  million gallons of sewage from cesspools. In 1962 this figure had risen to  $7\frac{1}{2}$  million gallons, and it will certainly increase on this during 1963.

I take this opportunity to thank the Chairman and Members of the Public Health Committee for the support which they have given to the Department throughout the year. My thanks are also due to the Clerk and other Officers for their co-operation and finally to the staff of the Public Health Department for their efficiency and loyal support.

I remain Ladies and Gentlemen,

Your Obedient Servant,

G. R. HOLTBY,

September, 1963.

Medical Officer of Health.



## SECTION A.

### NATURAL AND SOCIAL CONDITIONS.

Area - (in acres) 74,531. There are 33 parishes within the area which has its administrative centre at Acle. The major portion of the District is rural in character, Agriculture and Dairy Farming being the main industry. The District is a very popular summer resort catering for many thousands of visitors during the holiday season, the numbers increasing each year; it includes a large area of the Broads and many miles of pleasant inland waterways. Some of the best beaches in the country are to be found on its eight miles of coastline which extends from the boundary of Great Yarmouth northwards to Horsey.

Population - The Registrar General has estimated the population for the mid-year 1962 as 35,430 giving a population density of .47 per acre.

### SUMMARY OF VITAL STATISTICS.

Area in acres	...	...	...	...	...	...	74,531
Population (Registrar-General mid-June estimate)							35,430
No. of Inhabited Houses (1962) according to Ratebook							12,704
Rateable Value	...	...	...	...	...	...	2378,221
Estimated Net Produce of 1d. Rate					...	...	£ 1,530

# LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	213	219	432
Illegitimate	<u>16</u>	<u>12</u>	<u>28</u>
Total	<u>229</u>	<u>231</u>	<u>460</u>

Live Birth Rate per 1,000 of estimated resident population -

Blofield & Flegg R.D.	Crude Birth Rate	13.01
	Standard Birth Rate	14.31
England and Wales	Standard Birth Rate	18.00

# STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	3	5	8
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>3</u>	<u>5</u>	<u>8</u>

Still Birth Rate per 1,000 total live and still births -

Blofield & Flegg R.D.	17.09
England and Wales	18.1
Total live and still births	468

# INFANT MORTALITY (Deaths of infants under one year)

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	4	1	5
Illegitimate	<u>1</u>	<u>-</u>	<u>1</u>
Total	<u>5</u>	<u>1</u>	<u>6</u>

Infant Mortality Rate per 1,000 live births -

Blofield & Flegg R.D.	13.04
England and Wales	21.4

Infant Mortality Rate per 1,000 live births -

Blofield & Flegg R.D.	Legitimate	11.57
	Illegitimate	35.7

Infant Mortality - Neo-Natal (first four weeks).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	4	-	4
Illegitimate	<u>1</u>	<u>-</u>	<u>1</u>
Total	<u>5</u>	<u>-</u>	<u>5</u>
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	-	10.84	
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	-	10.84	
Peri-natal mortality rate (still births and deaths of infants under one week of age)	-	29.91	
Illegitimate live births per cent of total live births	-	6.08%	

MATERNAL MORTALITY

Deaths associated with pregnancy, childbirth or abortion	-	None	
Maternal mortality rate per 1,000 live and still births	-	Nil.	
Deaths (all causes) -			
	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
	257	289	546

Death rate per 1,000 of estimated resident population -

Blofield & Flegg R.D. - Crude Death Rate	15.44
Standard Death Rate	10.65
England and Wales Standard Death Rate	11.9



BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY  
RATE FROM CERTAIN DISEASES IN THE YEAR 1962.

England and Wales.	London and other Towns.	Blofield & Flegg R.D. (Standard Rates).
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Rates per 1,000 Population.

Births:

Live Births.	18.0	19.6	14.53
Still Births.	18.1	16.6	17.09

Deaths:

All causes (excluding Still Births)	11.9	12	10.65
Malignant Neoplasm lung, bronchus.	.51	.68	.34
Whooping Cough.	.00	.00	.02
Diphtheria.	.00	.00	.
Tuberculosis (all forms)	.07	.09	.03
Influenza.	.07	.05	.02
Acute Poliomyelitis.	.00	.00	-
Pneumonia.	.68	.83	1.03
Heart Disease.	2.2	2.26	3.85

Rates per 1,000 Live Births.

Infant Mortality.

All causes under 1 year.	21.6	21.1	14.95
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# INDIVIDUAL CAUSES OF DEATH

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1. Tuberculosis, respiratory	1	1	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	1	-	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	1	1
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	1	1	2
10. Malignant neoplasm, stomach	6	5	11
11. Malignant neoplasm, lung, bronchus	16	2	18
12. Malignant neoplasm, breast	-	8	8
13. Malignant neoplasm, uterus	-	4	4
14. Other malignant & Lymphatic neoplasms	22	24	46
15. Leukaemia Aleukaemia	-	-	-
16. Diabetes	2	2	4
17. Vascular lesions of nervous system	38	42	80
18. Coronary disease, angina	46	23	69
19. Hypertension with heart disease	2	11	13
20. Other heart disease	44	72	116
21. Other circulatory disease	7	12	19
22. Influenza	-	1	1
23. Pneumonia	19	39	58
24. Bronchitis	13	9	22
25. Other diseases of respiratory system	2	1	3
26. Ulcer of stomach and duodenum	3	1	4
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and Nephrosis	3	2	5
29. Hyperplasia of prostate	2	-	2
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	1	1
32. Other defined and ill-defined diseases	22	22	44
33. Motor vehicle accidents	1	-	1
34. All other accidents	5	4	9
35. Suicide	1	1	2
36. Homicide and operations of war	-	-	-
All causes	257	289	546

(There is an unresolved difference of ten between figures supplied by the Registrar General and those maintained locally. This discrepancy was brought to the notice of the Registrar General's Office, who were unable to investigate due to the advanced state of the tabulations).

NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1962.

ACCORDING TO AGE GROUPS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Under 1 year	5	1	6
1 and under 5	-	-	-
5 " " 10	2	2	4
10 " " 20	6	4	10
20 " " 30	3	1	4
30 " " 40	-	1	1
40 " " 50	13	13	26
50 " " 60	31	16	47
60 " " 70	48	47	95
70 " " 80	86	88	174
80 " " 90	57	104	161
90 " " 100	9	17	26
100 and over	-	2	2
<b>TOTALS</b>	<b>260</b>	<b>296</b>	<b>556</b>

INFANT MORTALITY (Under One Year).

<u>Cause of Death.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Acute Bronchiolitis	-	1	1
Tearing-of tentorium cerebelli	1	-	1
Cerebral haemorrhage (tentorial tear) (breech delivery)	1	-	1
Atelactasis	1	-	1
Atelactasis with maternal diabetes	1	-	1
Atelactases Breech delivery	1	-	1
Prematurity (32 weeks)			
<b>TOTALS</b>	<b>5</b>	<b>1</b>	<b>6</b>



VITAL STATISTICS OF THE DISTRICT FOR 1962 AND PREVIOUS  
YEARS COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE PAST FIVE YEARS.

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
<u>Live Birth Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	16.4	16.5	17.1	17.4	18.00
Blofield and Flegg R.D.	13.48	14.24	13.35	14.7	14.53
<u>Still Birth Rate 1,000 total</u> <u>(live and still) births.</u>					
England and Wales.	21.6	20.7	19.7	19.1	18.1
Blofield and Flegg R.D.	20.22	20.7	24.22	16.8	17.09
<u>Death Rate (standardised)</u> <u>per 1,000 population.</u>					
England and Wales.	11.7	11.6	11.5	12.0	11.9
Blofield and Flegg R.D.	7.94	6.26	10.19	10.83	10.65
<u>Infant Mortality Rate per</u> <u>1,000 Live Births.</u>					
England and Wales.	22.5	22.0	21.7	21.4	21.4
Blofield and Flegg R.D.	12.63	9.16	11.76	14.94	14.95

## SECTION 'B'

### GENERAL PROVISIONS OF THE HEALTH SERVICES.

Blofield and Flegg Rural District is included with Smallburgh Rural District and North Walsham Urban District to form No.1 Area of the Norfolk County Council, for the purposes of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act. These include the Care of Mothers and Young Children, Midwifery Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and After Care, Domestic Help Service and Mental Health Service. Some of these services along with the School Health Service in the area are responsibility of the Area Medical Officer who also acts as Medical Officer of Health of the three County Districts comprising Area No.1, referred to above (Tel. Norwich 22288). There are two Health Visitors and eight District Nurses with centres at the following places:-

Acle	Unionist Hall.	Second Thursday each month.
Blofield	Margaret Harker Hall.	Last Thursday each month.
Caister	Parish Hall.	Second and last Wednesday each month (Doctor attends last Wednesday).
Cantley	Village Hall.	Third Tuesday each month.
Fleggburgh	Village Hall.	First Friday each month.
Halvergate	Church Hall.	Second Friday each month.
Hemsby	The Institute.	Third Thursday each month.
Lingwood	Reading Room.	Third Thursday each month.
Martham	Church Room.	First Wednesday each month.
Ormesby	Church Hall.	Second Friday each month.
Reedham	Church Hall.	First Thursday each month.
South Walsham	Village Hall.	Second Tuesday each month.
Thorpe (1)	Roxley.	Last Thursday each month.
Thorpe (2)	St. Williams C.P. School Horse Block.	Every Wednesday (Doctor attends second and third Wednesday).
Winterton	Church Hall.	Last Friday each month.

Doctor attends all Clinics where there is an attendance of 25 or over.

#### Other Treatment Centres.

Treatment Centres are held weekly as follows:-

	<u>Acle</u> <u>S.M.</u> <u>School.</u>	<u>Caister</u> <u>Parish</u> <u>Hall.</u>	<u>Norwich</u> <u>Aspland</u> <u>Road.</u>	<u>Thorpe C.P.</u> <u>School.</u>
Child Guidance Clinics	-	-	1 *	-
Dental Clinics	4	-	1	4
Speech Clinic	-	1	3	-

\* Plus two sessions monthly for enuretics.

### General Welfare.

General Welfare services under the National Health Service Act, 1946, are administered in the district by the Local Welfare Officers of the County Council. These services include the provisions of Home Helps in cases of old age, sickness and maternity etc., and it was possible to provide Home Helps in almost every Parish of the district for necessitous cases.

Old People's Clubs have been established in the majority of Parishes in the district and there is no doubt that even an occasional afternoon meeting takes a great deal of monotony and loneliness out of old age.

The Local Welfare Officers have a contact point at Caister-on-Sea for the convenience of the public in that area and have acted in close co-operation with the Public Health and Housing Departments of the Council.

### Ambulance Service.

This service is operated by the St. John Ambulance Brigade and British Red Cross Society as Agents of the County Council.

### Vaccination and Immunisation.

This service is also the responsibility of the County Health Authority and is carried out by General Practitioners and by Assistant County Medical Officers.

### Laboratory Facilities.

Facilities for Laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich, who are the suppliers of lymph for vaccination.

### National Assistance (1948) Act, Section 47.

Nil cases.



Water Supply.SECTION 'C'.Main Supplies.

The quality of the water has been satisfactory throughout the whole year.

The quantity of water has been sufficient in all parts except the coastal areas of Hemsby and Winterton-on-Sea. Shortages were experienced at times in both these areas, during the peak holiday season, due to the considerable increase in population experienced and the high demand at times of peak requirements in the early part of the morning and evening. These shortages however were very localised and of only short duration. They have now been minimised by the extension of a 6" trunk main which supplies the area in question.

Bacteriological and Chemical Analysis.

Bacteriological examination of the raw water is not possible owing to the layout of the pumping plant and filters in the pumping station at Strumpshaw. 10 samples were taken throughout the area of supply during the year, all of which were found to be satisfactory.

Samples taken for chemical analysis were also found to be satisfactory. The water in the area is not plumbo-solvent and it was not necessary to take action for contamination.

Connections to mains.

<u>Parish.</u>	<u>No. of dwellings connected.</u>	<u>Population Supplied.</u>	<u>Standpipe</u>
Hemsby	617	960	
Winterton	238	540	
Somerton	53	133	
Filby	101	268	
Fleggburgh	117	332	
Rollesby	125	338	
Mautby	55	174	
Stokesby	65	210	
Ashby	3	8	
Martham	358	980	
Repps	66	142	
Thurne	40	100	
Acle	343	912	
Beighton	86	256	
Blofield	426	992	
Brundall	344	765	
Burlingham	206	646	
Strumpshaw	125	392	
Hemblington	55	138	
South Walsham	119	368	
Upton	99	252	
Cantley	159	440	
Freethorpe	138	390	
Halvergate	85	236	
Reedham	257	737	
Woodbastwick	40	141	
	<u>4,320</u>	<u>10,850</u>	

Not Known

## Water Supply Cont'd.

### Private Supplies.

During the year 306 samples of water were taken from shallow wells for chemical and bacteriological examination; of these 146 were certified to be unfit for consumption and appropriate action was taken in these cases.

### Sewerage.

Works in connection with the sewerage scheme for Brundall and Blofield commenced during 1962 and continues. Completion is expected during the latter part of 1963 and will make possible the abolition of the many pail closets and cess-pools and similar insanitary installations at present in use, and make way for the improvement of properties generally. It is to be regretted that progress in connection with the coastal parishes sewerage scheme is so slow. It cannot be over emphasized that the need for a scheme in these parishes becomes more urgent with the passage of time, and means must be found to install the sewers at the earliest opportunity and provide an alternative to the present unsatisfactory system.

### Collection and Disposal of Refuse.

The weekly collection from pail closets in all parishes has been maintained with unbroken regularity. Collection continues to be made during daylight hours, with the exception of the parish of Reedham which continues to be carried out by a contractor during the hours of darkness. 2,024 loads (approximately 1,619,200 gallons) were collected by nine men using four vehicles. The problem of the disposal of this offensive material becomes more difficult every year.

Dry refuse is collected from the properties in Thorpe, Martham, Hemsby, Caister and Great Omesby once weekly throughout the year. In the remaining parishes collection is once fortnightly with the exception of Winterton where a once weekly collection operates from 1st June to 30th September.

Extra labour made it possible for the system to be operated with a greater degree of regularity than in 1961 but there remains, however, a degree of dissatisfaction from the residents of certain parishes particularly Brundall, Blofield and Acle where it is considered a once weekly system should operate. 20 men were employed and 9 vehicles were in use for the dry refuse service and a total of approximately 9,000 tons was collected and disposed of. Refuse is disposed of by incineration at Thorpe and from the remainder of the District by tipping at the five tips in use for this purpose.

## Collection and Disposal of Refuse Cont'd.

Refuse from the banks of the rivers and broads was collected as frequently as necessary during the months of April to September. Each succeeding year a greater volume has to be collected than previously arising from the increasing popularity of the broads district as a holiday area. Another service which has to be undertaken is the collection from the receptacles at "lay-bys". This service involves much time and long distances of travel. The roadside baskets are "abused" as well as "used" and bulky items i.e. builders' boxes or sacks of refuse, rotten fruit and vegetables, large cartons of bottles and other items frequently have to be collected.

During 1962 a total of 7,713 loads of sewage were removed from cesspools and similar installations at a charge of 15s. 0d. per load for the first load and 7s. 6d. per load thereafter at any single visit. Five 1,000 gallon emptiers were in use and in spite of the wet summer it was found possible, with overtime working, to give the service with a minimum of delay. The unsatisfactory system at present in use for the disposal of this large volume of sewage, (i.e. 7,700,000 gallons approximately) cannot continue indefinitely and a more satisfactory point or points of disposal must be found.

## Moveable Dwellings.

During the year real progress was made by site operators towards compliance with the provisions of the Caravan Sites and Control of Development Act 1960. By the end of the year all but a very small minority of site operators had brought their sites up to the required standard. At the end of the season there were 27 licensed sites providing standings for 4,417 caravans.

The continued absence of sites for touring caravans caused the permitted numbers to be exceeded on licensed sites and caravans were stationed on unlicensed sites in contravention of the 1960 Act. A solution to the problem is not easy to find but the ever increasing demand for sites within a short distance of Great Yarmouth creates an acute problem. During early August there was a total of 3,700 caravans in the District.

## Tents.

As in previous years during late July and throughout August many hundreds of tents and other types of temporary accommodation were in use principally on two plots of land, one off Acle New Road and the other at Caister-on-Sea. This land which has been referred to in previous reports is marsh and during wet weather is totally unsuitable for tenting and the absence of sufficient and effective legislation to enforce the provision of adequate sanitary facilities created conditions which could not be described as satisfactory.

A count of tents was made during early August when it was found there were 1,100 in use.



### Public Conveniences.

During 1962 new conveniences were opened for public use at Thorpe St. Andrew and at Hemsby. Both premises were urgently needed and have since been made full use of. The Council has at present 9 blocks in use the others being situated at Ramworth, Caister (2), Winterton, Scratby, California and Hemsby (Beach). No charge is made for the use of the conveniences.

Conveniences at Thurne will be available for the 1963 season and progress continues towards the provision of additional blocks at Martham and in co-operation with the Smallburgh Council at Potter Heigham. There is a growing need for further conveniences at other points frequented by large numbers of holidaymakers and trippers.

### Prevention of Damage By Pests Act, 1949.

The Council's two operators were fully employed throughout the year carrying out inspections and destruction at dwellinghouses and other premises. Reports were received from other Districts concerning the continued increase in the rat population but no significant increase was recorded in this area, which is probably due in some measure to the day to day work of the Council's operators. A campaign carried out throughout the whole of Norfolk during early 1963 will undoubtedly assist but the severe winter destroyed much of the rat population and at the time of the preparation of this report the numbers have been reduced considerably.

### Meat Inspection.

One slaughterhouse was in use throughout the year. The quality of the meat and the standard of cleanliness was good.

The one Knackers yard where only a small amount of killing takes place operated satisfactorily throughout the year.

### Milk.

There were 34 registered distributors operating within the year 3 having been added since 1961. A few complaints were received concerning alleged contamination, these were referred to the Norfolk County Council Food & Drugs Department.

### Food & Drugs.

237 premises are registered as required by Section 16 of the Food and Drugs Act, 1955.

42 samples of ice-cream were taken for bacteriological examination. Of these 41 were certified as satisfactory. Appropriate action was taken in respect of the other. The one ice-cream manufacturer erected and opened new premises during 1962. These premises contain the most modern and up-to-date equipment and are operated in a very satisfactory manner.

A relatively small quantity of tinned and other foods were dealt with. Complaints concerning alleged infringement of the Food & Drugs Act, 1955 were also referred to the Norfolk County Council Food & Drugs Department from whom the Council has received the utmost co-operation.



SECTION 'D'

HOUSING.

Council Houses.

The following is a list of houses erected by the Council:-

Under the Housing Acts:-

Pre-War ...	...	...	...	...	...	899
Post-War	...	...	...	...	...	886
Others ...	...	...	...	...	...	20
						<u>1805</u>

Of the above 32 dwellings were completed during the year in the following parishes:-

Caister-on-Sea ..	...	...	...	...	11
Thorpe St. Andrew	...	...	...	...	<u>21</u>
					<u>32</u>

At the end of the year 44 dwellings were in course of construction and outstanding applications for Council house accommodation number 534.

As a result of action under the Housing Act, Demolition Orders were made in respect of 25 properties, Closing Orders in respect of 3.

SECTION 'E'

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR  
IN PART DURING 1962.

	<u>Cattle Excluding Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep and Lambs</u>	<u>Pigs.</u>	<u>Horses.</u>
Number killed (if known)	382	106	6	817	1261	-
Number inspected	382	106	6	817	1261	-
<u>All diseases except Tuberculosis and Cysticerci.</u>						
Whole carcasses condemned.	2	-	1	3	2	-
Carcases of which some part or organ was condemned.	122	6	2	5	97	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	32.5	5.6	50.0	.97	7.9	-
<u>Tuberculosis only.</u>						
Whole carcasses condemned.	-	-	-	-	-	-
Carcases of which some part or organ was condemned.	-	-	-	-	28	-
Percentage of the number inspected affected with tuberculosis.	-	-	-	-	2.2	-
<u>Cysticercosis.</u>						
Carcases of which some part or organ was condemned.	6	-	-	-	-	-
Carcases submitted to treatment by refrigeration.	6	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-	-

# SECTION 'F'

## PREVENTION AND CONTROL OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFICATIONS (CORRECTED) DURING 1962, ACCORDING TO AGE GROUPS.

	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	15-24 yrs.	25 & over	Total
Scarlet Fever.	-	-	-	-	1	1	3	1	-	6
Whooping Cough.	-	-	3	2	1	1	5	3	1	16
Measles.	1	6	7	5	8	24	3	1	-	55
Dysentery.	-	-	-	-	-	1	3	5	4	13

TOTALS

1	9	9	6	10	31	12	8	4	90
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	Under 5 yrs.	5 - 14 yrs.	15 - 44 yrs.	45 - 64 yrs.	65 and Over.	Age Unknown.	Total
Pneumonia.	-	1	4	6	20	-	31
Erysipelas.	-	-	2	1	1	-	4
Food Poisoning.	2	1	2	1	1	-	7
Infective Hepatitis.	-	-	8	-	2	1	11
Puerperal Pyrexia.	-	-	1	-	-	-	1
Malaria.	-	-	1	-	-	-	1

TOTALS

2	2	18	8	24	1	55
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INCIDENT OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES  
DURING 1962.

	QUARTERS				Total.
	1st.	2nd.	3rd.	4th.	
Scarlet Fever.	1	-	2	3	6
Whooping Cough.	3	6	6	1	16
Acute Poliomyelitis - Paralytic.	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic.	-	-	-	-	-
Measles (excluding Rubella).	1	2	10	42	55
Diphtheria.	-	-	-	-	-
Dysentery.	-	-	1	12	13
Meningococcal Infection.	-	-	-	-	-
Acute Pneumonia.	15	5	3	8	31
Smallpox.	-	-	-	-	-
Acute Encephalitis - Infective.	-	-	-	-	-
Acute Encephalitis - Post Infectious.	-	-	-	-	-
Enteric or Typhoid Fever.	-	-	-	-	-
Erysipelas.	1	1	1	1	4
Food Poisoning.	1	2	3	1	7
Puerperal Pyrexia.	1	-	-	-	1
Infective Hepatitis.	2	3	5	1	11
Malaria.	1	-	-	-	1
Ophthalmia Neonatorum.	-	-	-	-	-
TOTALS	26	19	31	69	145



TUBERCULOSIS - NEW CASES NOTIFIED DURING 1962

	Respiratory.		Meninges & C.N.S.		Other.		Total.
	Male.	Female.	Male.	Female.	Male.	Female.	
Under 5 years.	-	-	-	-	-	-	-
5 to 14 years.	1	1	-	-	-	-	2
15 to 24 years.	1	16	-	-	-	-	17
25 to 44 years.	1	8	-	-	1	1	11
45 to 64 years.	4	8	-	-	-	-	12
65 years and over.	1	-	-	-	1	-	2
Age unknown.	-	-	-	-	-	-	-
TOTALS	8	33	-	-	2	1	44

TUBERCULOSIS - NUMBER OF CASES ON REGISTER AT END OF 1962.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Pulmonary.	116	104	220
Non-Pulmonary.	9	6	15
TOTALS	125	110	235

DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS  
(Excluding Inward Transfers from other Districts).

		<u>1958.</u>	<u>1959.</u>	<u>1960.</u>	<u>1961.</u>	<u>1962.</u>
Pulmonary.	M	8	9	6	16	8
	F	5	4	8	9	33
Non-Pulmonary.	M	1	1	2	2	2
	F	1	-	1	1	1
TOTALS		13	14	17	28	44

### DIPHTHERIA IMMUNISATION.

The following is the number of primary immunisations and booster doses given during the last five years in Area No.1.

Year.	<u>Primary Injections.</u>				<u>Booster Injections.</u>		TOTALS.
	Under 1	%	1 - 4	5 - 14	Under 5	5 - 14	
1962	610	82	67	90	47	354	1168
1961	580	77.6	113	309	49	1700	2751
1960	463	67	175	238	37	1046	1959
1959	358	50	64	15	20	53	510
1958	305	44	61	9	53	55	483

### VACCINATION AGAINST SMALLPOX.

Vaccination of children under 5 years of age during the last five years in Area No.1.

	1958.	1959.	1960.	1961.	1962.
No. of live births registered	694	713	692	748	744
No. of Vaccinations recorded (0 - 4 yrs.)	449	375	445	475	620
Percentage Vaccinated	65%	53%	64%	63.5%	83%

### VACCINATION AGAINST POLIOMYELITIS.

The following is the number of primary immunisations and booster doses given during the last five years in Area No.1.

Year	<u>PRIMARY</u>			<u>BOOSTER (3)</u>		<u>BOOSTER (4)</u>	Total
	Children under 15 years.	Adults.	Total	Children under 15 years.	Adults.	Children 5 - 11 years.	
1962	1157	1531	2688	1017	1687	653	3357
1961	1112	1570	2682	835	1130	3526	5491
1960	786	1201	1987	1400	2102	-	3502
1959	1759	2311	4070	5793	1231	-	7024
1958	6665	225	6890	1707	-	-	1707

## SECTION 'F'

### INFECTIOUS DISEASES.

#### Measles.

Again measles provided the largest number of notifications of infectious diseases received, but the total was only 55 compared with 750 in 1961. We still wait for a satisfactory vaccine against this disease. The Ministry of Health has as yet refused to authorise the use of the vaccines so far produced as there have been some disadvantages including undesirable side effects.

#### Pneumonia.

33 cases were notified compared with 43 last year.

#### Whooping Cough.

18 cases were notified compared with 70 last year. Although some children still get an attack, this disease now seems to be much less of a problem than it was a few years ago. The immunisation which is carried out with the "triple" vaccine must be responsible for this decreasing incidence. "Triple" vaccine protects against diphtheria and tetanus as well as against whooping cough, and in our Infant Welfare Clinics we give this first injection at 3 months, and the second and third at 4 and 5 months respectively.

#### Dysentery.

13 cases were notified compared with 18 last year. This is another welcome reduction, but continued vigilance with regard to food hygiene is essential.

#### Infective Hepatitis.

11 cases were notified compared with 28 last year. I am very glad to see this reduction as I did fear that there was a pocket of infection in the district.

#### Food Poisoning.

7 cases were notified compared with 13 last year. The comments made under Dysentery apply equally to Food Poisoning.

#### Scarlet Fever.

6 cases were notified compared with 16 last year. This again is a welcome reduction, particularly in view of the increase in the number of cases of Rheumatic Fever in children in the last few years, in this area and other areas served by the Jenny Lind Hospital. I have had a good deal of correspondence with the Ministry of Health on this topic, but there does not appear to have been any general increase in the number of cases of Rheumatic Fever throughout the country.

### Erysipelas.

5 cases were notified compared with 4 last year.

### Puerperal Pyrexia.

1 case was notified compared with 2 last year.

### Malaria.

1 case was notified by the West Norwich Hospital as occurring in a young man three days after returning from East Africa. He had had no previous attacks.

### Poliomyelitis.

For the fourth year in succession no cases were notified. In March 1962, the oral poliomyelitis vaccine, that is Sabin vaccine was substituted for the Salk which had previously been given by injection. In addition to the immunisation of school children, public sessions for all ages were held in the evenings in various parts of the rural district during March, April, May and June, and enjoyed considerable popularity. The course consists of three doses at monthly intervals, given usually on sugar lumps, except in the case of young children when syrup is used on a spoon. Children aged 5 to 12 years are given an extra 4th dose about a year after the third. Where people have had two injections not more than a year previously, it is possible to complete the course with an oral dose.

### Tuberculosis.

44 new cases were notified compared with 30 the previous year. 41 of these were of pulmonary and 3 of non-pulmonary disease. The home circumstances of all new cases are investigated by members of the staff of the Chest Clinic.



# FACTORIES ACT, 1961.

## Part I of the Act.

- (1) Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

	Number on Register.	Number of Inspections.	Number of written notices.	Number of Occupiers prosecuted.
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	13	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities.	84	51	-	-
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding Outworkers premises).	11	-	-	-
TOTALS.	108	52	-	-

- (2) Cases in which DEFECTS were found

Particulars.	Found.	Remedied.	To H.M. Inspector.	By H.M. Inspector.	Number of cases in which prosecutions were instituted.
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	7	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	-	-	-	-	-
TOTALS	7	5	-	-	-

PART VIII OF THE ACT

OUTWORK - (SECTIONS 133 AND 134).

Nature of Work.	Section 133			Section 134		
	No. of outworkers in August list required by Section 133.	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises.	Notices Served.	Prosecutions.
Wearing - (Making etc. (Cleaning and Apparel Washing.	17	-	-	-	-	-
Brush Making.	1	-	-	-	-	-
Cosques, Christmas Crackers, Christmas Stockings etc.	6	-	-	-	-	-
TOTALS	24	-	-	-	-	-







